C FINANCING STATEMENT				
OWINSTRUCTIONS				
AME & PHONE OF CONTACT AT FILER (optional)				
MAIL CONTACT AT FILER (optional)				
END ACKNOWLEDGMENT TO: (Name and Address)				
First American Title Insurance Company				
UCC Division 5 First American Way	i.			
Santa Ana, CA 92707				
_				
RTOD'S NAME: Desirido colores Debles		THE ABOVE SPACE IS F		
EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (u ne will not fit in line 1b, leave all of item 1 blank, check here	se exact, full name; do not omit, modit and provide the Individual Debtor info			
a. ORGANIZATION'S NAME		- April		
WJM Holdings, LLC				
D. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDITI	ONAL NAME(S)/INITIAL(S)	SUFFIX
AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
Mishnock Road	West Green		02817	USA
BTOR'S NAME: Provide only one Debtor name (2a or 2b) (usine will not fit in line 2b, leave all of item 2 blank, check here	e exact, full name; do not omit, modif and provide the Individual Debtor info			
a ORGANIZATION'S NAME			,	
McLellan Page, Inc.		-		
D. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDIT	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
AILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
Mishnock Road	West Green	1	02817	USA
CURED PARTY'S NAME (or NAME of ASSIGNEE of ASSI	SNOR SECURED PARTY): Provide of	inly one Secured Party name (3a or		
a. ORGANIZATION'S NAME			,	
ndependence Bank	· · · · · · · · · · · · · · · · · · ·			
D. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAI	ME ADDITE	ONAL NAME(S)/INITIAL(S)	SUFFIX
NLING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
0 South County Trail	East Greenv		02818	USA
o South County 11an				

Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: File with: Rhode Island - Secretary of State	

EXHIBIT A

<u>DEBTORS:</u> WJM HOLDINGS, LLC McLELLAN PAGE, INC.

SECURED PARTY: INDEPENDENCE BANK

COLLATERAL MEANS:

- A. ALL EQUIPMENT AND MACHINERY, INCLUDING POWER-DRIVEN MACHINERY AND EQUIPMENT, FURNITURE AND FIXTURES NOW OWNED OR HEREAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- B. ALL PASSENGER AND COMMERCIAL MOTOR VEHICLES REGISTERED FOR USE UPON PUBLIC HIGHWAYS OR STREETS, NOW OWNED OR HEREINAFTER ACQUIRED, TOGETHER WITH ALL REPLACEMENTS THEREOF, ALL ATTACHMENTS, ACCESSORIES, PARTS, EQUIPMENT AND TOOLS BELONGING THERETO OR FOR USE IN CONNECTION THEREWITH.
- C. ALL INVENTORY, RAW MATERIALS, WORK IN PROCESS AND SUPPLIES NOW OWNED OR HEREINAFTER ACQUIRED.
- D. ALL ACCOUNTS RECEIVABLE NOW OUTSTANDING OR HEREAFTER ARISING.
- E. ALL CONTRACT RIGHTS AND GENERAL INTANGIBLES NOW IN FORCE OR HEREAFTER ACQUIRED.

AND THE PROCEEDS AND PRODUCTS OF ALL OF THE FOREGOING DESCRIBED PROPERTY.